

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: <http://dsps.wi.gov>

VETERINARY EXAMINING BOARD

APPLICATION FOR LICENSURE TO PRACTICE VETERINARY MEDICINE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.

☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

() -

Ethnic/gender status
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number.

School Name:

School Address:

(City)

(State)

Date Diploma Granted:

month/day/year

Degree:

Specialty:

APPLICATION FEES Please check applicable box(s): **Make one check**
payable to DSPS for the total DSPS fee and attach to this application.

☐ **Licensure by Examination NAVLE & State Law** (To qualify you are a
new graduate who has not taken and passed the NAVLE exam.)

\$ 75.00 Initial Credential Fee

\$ 75.00 State Law Exam

\$ 15.00 Contract Exam Fee

\$165.00 Total Fee Attached

Temporary Permit (check box)

☐ \$ 10.00 in addition to the above fee (If you choose to apply for this
permit, this permit is non-renewable and non-refundable. It is only
available to applicants who recently took NAVLE and are awaiting
NAVLE score report.)

NAVLE Exam and Fee (You must register for the NAVLE and pay NAVLE
fee directly to the NBVME at www.nbvme.org.)

☐ **Endorsement of NAVLE/NBE/CCT Scores** (To qualify you must be
licensed in another state and do not meet licensure by endorsement
qualifications or are not licensed in another state and have taken and passed the
NAVLE/NBE/CCT.)

\$160.00 Initial Credential Fee

\$ 75.00 State Law Exam

\$235.00 Total Fee Attached

☐ **Licensure by Endorsement** (To qualify you must be currently licensed in
another state and have 4000 hrs. of active practice as a licensed veterinarian in
the preceding 5 yrs of the date your application has been filed with the dept.)

\$160.00 Reciprocal Initial Credential Fee

\$ 75.00 State Law Exam

\$235.00 Total Fee Attached

For Receipting Use Only

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Fees, attached to this application (Form #655)

NAVLE/NBE/CCT scores

Certificate of Professional Education (Form #1420).

Social Security Number (*page 5 of 5, Form #655*)

Taken and passed Wisconsin Statutes and Rules Examination.

ECFVG Certificate or PAVE Certificate (*graduates of unapproved veterinary programs attach notarized copy*)

Letters from all State Boards where licensed (*this includes active and inactive licenses*).

AVMA letter of verification (**for ECFVG foreign graduates registered for NAVLE**)

Copy of professional diploma and translation if necessary.

AAVSB Letter of Verification (**for PAVE foreign graduates registered for NAVLE**)

Copies of malpractice suit(s).

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

1. Have taken NAVLE and requested scores be sent to Wisconsin	___ Yes	___ No	Date Taken	___ Month	___ Year
2. Have taken NBE and requested scores be sent to Wisconsin	___ Yes	___ No	Date Taken	___ Month	___ Year
3. Have taken CCT and requested scores be sent to Wisconsin	___ Yes	___ No	Date Taken	___ Month	___ Year

FOREIGN GRADUATES:

ECFVG:

Currently Enrolled in ECFVG Program

___ YES ___ NO

A.V.M.A. Letter of Verification has been requested

___ YES ___ NO

ECFVG Certificate issued. (Notarized copy must be attached)

___ YES ___ NO

If yes, provide Date Issuance _____, Number _____

PAVE:

Currently Enrolled in ECFVG Program

___ YES ___ NO

A.V.V.S.B. Letter of Verification has been requested

___ YES ___ NO

PAVE Certificate issued. (Notarized copy must be attached)

___ YES ___ NO

If yes, provide Date Issuance _____, Number _____

POST-GRADUATE TRAINING, PRACTICE & ACTIVITIES: Outline in chronological order **all** post-graduate training, practice and activities from the date of graduation from veterinary school to the present time. Attach an additional sheet if necessary. (*Not required of new graduates*) **Licensed by Endorsement applicants must have at least 4000 hrs of practice during the preceding 5 years as a licensed veterinarian.**

EMPLOYER/INSTITUTION/ACTIVITY	LOCATION City/State	DATES (From/To) Mo/Yr	HOURS PER YEAR
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

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LIST ALL STATE/COUNTRIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN CREDENTIALLED, AND DATE OF ORIGINAL CREDENTIAL.

I HAVE REQUESTED LETTERS OF VERIFICATION FROM THESE STATES/COUNTRIES:

____ YES ____ NO

YOU ARE REQUIRED TO HAVE EACH STATE/COUNTRY BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN VETERINARY EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, CURRENT STATUS, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, national board examination, or NAVLE/NBE/CCT examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

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CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Applicant name)

Signature of Notary Public

S E A L

Date Commission Expires

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
Profession		
Date of Birth	_____ month	_____ day
	_____ year	
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Social Security Number or FEIN		

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996